AMCHP
ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS

citymatch
The National Organization of Urban MCH Leaders

June 23, 2021

# Joint Organizational Commitment to Anti-Racism and Racial Equity

NATIONAL HEALTHY START ASSOCIATION

NICHQ
National Institute for Children's Health Quality

The Journey

# OUR DECLARATION

- We intend to eliminate racism by first examining our organizational practices and identifying ways for us to be more equitable and anti-racist in our operations.

- We are determined to collectively adopt a shared approach that acknowledges racism as the most significant contributor to the racial disparities in birth outcomes.

- We commit the combined strength and influence of our organizations to educate our respective constituencies, jointly advocate for change, hold each other accountable, expand the number of organizations willing to become a part of this effort and create tangible steps to root out racism wherever it exists.

- We are 'all in' for shared accountability for addressing racism and eliminating racial inequities in MCH outcomes.

# COMMITMENT NO. 1: INTERNAL PROCESSES

***We commit to examining our organizational internal processes and to complete the following actions:***

- Conduct/Host ongoing training of all staff in racial equity and undoing racism.
- Include assessment of competence and skill in racial equity, health equity, and social justice as a requirement when hiring new staff and as a competence measured in job performance evaluations.
- Analyze the racial/ethnic diversity in contracting partners. Analyze and set metrics for diversity in contracting partners (e.g., subject matter experts, service vendors).
- Perform an internal audit of all organizational practices and policies using a racial equity framework/lens to determine 'who is benefiting from this policy/practice staying the same? Who is being oppressed by this policy/practice?' and to really examine how racism shows up throughout organizational policies and practices; a Health and Equity in all policies (HEiAP) approach.
- Examine and intervene in the racial/ethnic makeup of organizational staff and board of directors, with a particular focus on the diversity of those in leadership positions. This should include an evaluation of the racial/ethnic makeup of applicants to open positions and an evaluation of staff retention, broken down by race/ethnicity.
- Perform an annual staff assessment of the organizational culture of inclusion to assess for feelings of value and inclusion. Results should be broken down by race/ethnicity.

# COMMITMENT NO. 2: EXTERNAL PROCESSES

***We commit our organizations to influence and promote external work and to complete the following actions:***

- Examine current and new local, state, and federal policies to determine its impact on equity and actively advocate against any policy or program that perpetuates inequity and racial disadvantage.
- Promote life course theory to understand accumulated disadvantage and advantage and encourage efforts that support resilience and restore power to communities of color.
- Engage and partner, with humility and truth, with impacted communities and local organizations to understand and leverage their strengths and work with them to mitigate the impact of systemic racism.
- Ensure funding/contractual awards, related financial processes, and decision-making are aligned with business practices that optimize inclusion, accessibility, operational transparency, and technical/advisory supports for fair and equitable access to resources.
- Commit to working with social movements to bring alliances and more integration with MCH and other social systems (e.g., affordable housing, education systems, etc.).
- Push our members to interrogate and understand the racial histories of our nation, their states, counties and cities that produce racial inequities in health outcomes.

# COMMITMENT NO. 3: COMMUNICATIONS

***We commit our organizations to develop and release communications to support this work and to complete the following actions:***

- Publicly declare racism a public health crisis and share our action plan(s).
- Be mindful of the language we use and stop using terms that further perpetuate narratives that place and describe communities of color as deficit populations, (i.e. using the terms 'vulnerable', 'at-risk', or 'low-income' to describe a particular racial or ethnic group.) Use of this language implies there is something inherently flawed in that community and places blame on the individual or a particular racial/ethnic group and not the system that has failed to invest in creating an optimal environment for positive health outcomes. Language should be respectful of communities and identify the system as the problem.
- Establish honest conversations on racism in our spheres of influence and challenge racism, explicit bias, and implicit bias wherever they exist.

In Closing

# WHAT'S NEXT

***We also understand that as individual organizations, we cannot achieve these goals alone. Our strength lies in our collective unity.***

As partners, we commit to:

- convening quarterly to share measured progress, including best practices related to actions taken and obstacles overcome
- assist each other with ways to address current challenges